

CONFLICT OF INTEREST STATEMENT

American Association of Hip and Knee Surgeons

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

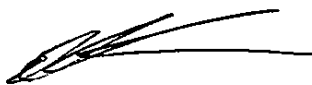
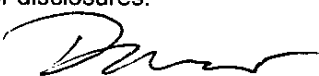
The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms).**
All items require a response. If there is no relevant disclosure for a given item, enter "None."

Manuscript Title

- | | | |
|-----|--|----|
| 1. | Royalties from a company or supplier (The following conflicts were disclosed) | No |
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| 8. | Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed) | No |
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In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.



20/09/2020

Author Name (Print or Type)

Author Signature

Date

Dr David Dewar